

NOV 18 2005

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022494 7590 09/12/2005

DALY, CROWLEY, MOFFORD & DURKEE, LLP
SUITE 301A
354A TURNPIKE STREET
CANTON, MA 02021-2714

11/21/2005 MBELETE2 00000050 10039331

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP
03 FC:6001	30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/039,331 11/07/2001 William B. Noble RTN-139PUS 1499

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Kermit Robinson	(Depositor's name)
<i>Kermit Robinson</i>	
NOV 16, 2005	
(D)	

TITLE OF INVENTION: SYMBOL EXPANSION CAPABILITY FOR MAP BASED DISPLAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/12/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
TRAN, TAM D	2676		345-632000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Daly, Crowley, Mofford & Durkee, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Raytheon Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waltham, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:**4b. Payment of Fee(s):**

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 500845 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Kermit Robinson*Date *NOV 16, 2005*Typed or printed name *Kermit Robinson*

Registration No. 48,734

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